**Program Director/Faculty Statement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_*\_\_\_\_\_\_\_\_(name of Program Director/PA Program Faculty and title)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(PA program)

am aware that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student candidate)

is a candidate for the House of Delegates (HOD) student delegate position. This form is to confirm that they are a student in good standing at my PA program.

Furthermore, I am aware of the required time commitments both at and away from the program and give my permission for the above-named student to undertake this responsibility.

If elected, I excuse this student from any classes, exams, clinical rotation duties, or program related events on May 14, May 15, May 16, and May 17, 2026, in order to fulfill their responsibility of attending the 2026 HOD meeting in New Orleans, Louisiana.

I will notify the Student Academy if the student’s status at the PA program changes.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: This form *must* be submitted for the application to be accepted. Please attach the completed form to the online application:** [**https://fs1.formsite.com/aapa/form836626995/index**](https://fs1.formsite.com/aapa/form836626995/index)**.**